#### RECEIVED INCLERK'S OFFICE

# IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF TENNESSEE

Nashville DIVISION

U.S. DISTRICT COURT MID. DIST. TENN.

FEB 1 6 2016

		MID. DIST. TET
<u>''A wtho</u> (Nar	ny-Erics Emerson )	(List the names of all the plaintiffs filing
08790	·	this lawsuit. Do not use "et al." Attach
(Pris	on Id. No.)	additional sheets if necessary.)
	) )	
(Nar	ne)	
	)	Civil Action No.
(Pris	on Id. No.) )	(To be assigned by the Clerk's Office.  Do not write in this space.)
	Plaintiff(s) )	
v.	C/O General Conesch)  CORIZON 103 W. fark  N INC. Pr. Su. 200 Brentupod  Ten 37027  me)  Box 24400  y Burciaga Tucson 85734)	JURY TRIAL REQUESTED YESNO
COR/20	NINC, Pr. Su. 200 Brentwood	(List the names of all defendants
(Nar	ne) Rox 24400	against whom you are filing this
Dr. Luc	y Burciaga Tueson 85734)	lawsuit. Do you use "et al." Attach
(Nar		additional sheets if necessary.)
(******	)	INJUNCTION REQUEST
	Defendant(s)	EMERBENCY INDUNCTION
	COMPLAINT FOR VIOLATION O PURSUANT TO 42 U.S	
I. PAR	TIES TO THIS LAWSUIT	
A.	Plaintiff(s) bringing this lawsuit:	
	1. Name of the first plaintiff: "Awth	ower Erica Emerson
	Prison I.D. No. of the first plaintiff:	087906
		BER 24401, FUCSON AZ.
	Status of Plaintiff: CONVICTED ()	PRETRIAL DETAINEE ()
	Prison I.D. No. of the second plaintiff	:
	Status of Plaintiff: CONVICTED ()	PRETRIAL DETAINEE ()

# EORIZON'S POLICY MAKERS WHO GIVE DIRECTIVES FROM THIS VENUE AND THOSE WHO IMPLEMENT

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ارد	B. Anderson 1	103 W. Park Dr. Su. 200, Brentwood TN. 37027
	TRACY NOLAND	103 W. Park Dr. Sv. 200, Brentwood TN 37027
3)		103 W. Bark Dr. Su. 200, Brentwood TN 37027
Ю	JONATHAN WALKER	103 W. Park Dr. 50, 200, Brentwood TN 37027
5)	DR. WOODROW MYERS	103 W. Park Dr. Su. 200, Brentwood TN 37027
6)	A STATE OF THE STA	103 W, Park Dr. Su, 200, Brentwood TN 37027
7)	and processed of the State of t	103 W. Park Dr. Su. 200, Brentwood TN 37027
8)	$\frac{1}{2} \left( \frac{1}{2} \left$	
9)	TAMARA PORTER RIN	P.O. Box 24400, TUCSON-AZ. 85734
16)	0 1	P.O. BOX 24400, TUCSON-AZ. 95734
(11	1 0 0	P.O. BOX 24400, TUCSON-AZ. 85734
		P.O. BOX 24400, TUCSON-AZ- 85734
12	(1) (60)	103 w, Park Dr. So. 200, Brentwood TN 37027
13)	The state of the s	P.O. BOX 24400, TUCSON-AZ. 85734
14	PSOPLS	WHO ENFORCE IN ARIZONA
<b>§</b>		190 BOX 24400, TUCSON-AZ. 85734
15)	And the second s	PO BOX 24400, TUCSON-AZ. 85734
16	and the state of t	PO BOX 24400, TUESON-AZ, 85734
r,	7) JAMES MACKENZIE	
18	K, VASQUEZ HNK28	Ac Box 24400, TUCSON-DZ. 85734
	DEBRA HAN	PO BOX 24460, TUCSON- AZ- 85734
26	- A DAVC	PC Box 24400, TUCSON - AZ. 85.734
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#### PEOPLE WHO ENFORCE IN ARIZONA CONT.

					en and a second	,
ALFRED	RAMOS	ρ,	O. Box 24	400, TUCS	ON-AZ	35734
CHZRYL	DOSSETT	1601	W. JEFF	ERSON, PHO	ENIX-AZ.	85007
COILIN		Ri	O. BOX 24	400, TUCS	N-AZ, 8	5734
VANESSA	HEADSTREAM	1601	W, JEFFE	RSON, PHOEN	11x - Az.	85007
	RESPICTO-MOF	RIARITY UPRIMY 1601 W. Jefferson, Phoenix -Az. 85007				
CHARLES				JEFFERSON		
	e 100 Agents	and Em	ologees			
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(Include the name of the institution and mailing address with zip code for each plaintiff. If any plaintiff changes his or her address, he or she must notify the Court immediately. If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.)

R	Defendant(s)	against whom	this	lawsuit is	being	brought:
ь.	Defendant(s)	against whom	UIII	10 W Suit 13	DCIIIB	DI O ag. rei

1.	Name of the first defendant: CORIZON INC.  Place of employment of the first defendant: CORIZON INC C/O GENERA!  COUNSEL 103 W. Park Dr. SU 200, Brewtwood TN 37027
	First defendant's address: 103 W. Park Dr. Su. 200, Brewlwood TN 37027
	Named in official capacity?YesNo Named in individual capacity?YesNo
2.	Name of the second defendant: Dr. Lucy Burchage  Place of employment of the second defendant: CORIZON INC  P.O. Box 244
	Second defendant's address: Box 24460, PUCSON AZ 85734
	Named in official capacity? YesNo Named in individual capacity? YesNo

(If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, his or her place of employment, address, and the capacity in which you are suing that defendant. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide each defendant's proper name, place of employment, and address, the Clerk will be unable to serve that defendant should process issue.)

#### II. JURISDICTION

A. Jurisdiction is asserted pursuant to 42 U.S.C. § 1983 (applies to state prisoners). Jurisdiction is also invoked pursuant to 28 U.S.C. § 1343(a)(3).

If you wish to assert jurisdiction under different or additional statutes, you may list them below:

And the second of the second		
27	D. Anderson	103 W. Park Pr Sv. 200, Brentwood TN 37027
3)	Tracy Notand	103 10. Park pr. Su, 200, Brentwood IN 37027
Đ	Jonathan Walker	103 W, Park Dr, SU, 200, Brentwood IN 370%/
5)	Dr. Woodrow Myers	103 W. Park Dr. So. 200, Brentwood TN 37027
6)	Karey Witty	103 W. Park Dr. Su. 200, Brentwood TN 37027
カ	Dr. Harold orr	103 W. Park Dr. Sv. 200, Brevtwood TN 37027
8)	Scott Bowers	103 W, Park Pr. Su, 200, Brentwood TN 37027
Ð	Tamara Perter R.N.	P.O. Bex 24400, Tueson De. 85734
16)	Lisa Lyen Rin.	P.O. BOX 24400, TUCSEN AZ. \$5734
(נו	Angela Martinez	P.O. BOX 24400, TUCSON AZ. 85734
לוו	Norse Mung	P.O. BOX 201400, TUCSEN DZ. 85734
i3)	Dri Calvin Johnson	103 W. Park Dr. Su. 200, Brentwood TN. 37027
14)	R. N. Thager	P.O. BOX 24400, TULSON AZ. 85734
	Glen Pachecho	P.O. Box 24400, TUCSON AZ. 85734
13)	Marlene Bedoya	P.O. Box 24400, TUCSON DZ, 85734
16)	a Mad Kayla la	P.O. Box 24400, TOCSON AZI 85734
17)	K 1/25 5 1 4 1/K28	P.O. BOX 24400, TUCSON UPZ. 85734
18) (2)		P.O. BOX 24400, TUCSEN MZ 85734
14)	And the second of the second distribution of the	P.O. Dox 24400, Tucsen Az 85734
26)	Sec. 2012 (1972)	P.O. BOX 24400, TUCSON AZ. 85734
21)	1 Decat	1601 W. JEFFERSON, PHOENIX -AZ 85007
22)	A CANADA	P.O. Box 24400, TUCSON-AZ 85734
23)		1601 W. JEFFERSON, PHOENIX-AZ 85007
24	A CONTRACTOR OF THE PROPERTY O	12 \$ 5667
25		1601 W. TEFFERSON, PHOENIX-AZ 85007
26		
27	Does 1 to 100 AgeNT	

Ш.	PR	PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)					
	Α.	A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuit fled States District Court for the Middle District of Tennessee, or in a federal or state court? YesNo					
	В.	If yo	ou checked the box marked "Yes" above, provide the following information:				
		1.	Parties to the previous lawsuit:				
			Plaintiffs "Anthong-Eric: Emerson"				
			Defendants ARIWIA AND OTHERS				
		2.	In what court did you file the previous lawsuit? USPCA2				
			(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)				
		3.	What was the case number of the previous lawsuit? unk				
		4.	What was the Judge's name to whom the case was assigned?				
		5,	What type of case was it (for example, habeas corpus or civil rights action)?				
		6.	When did you file the previous lawsuit? (Provide the year, if you do not know the exact date.)				
		7.	What was the result of the previous lawsuit? For example, was the case dismissed or appealed, or is it still pending?				
		8.	When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.)				
		9.	Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit?YesNo				
		sep	you have filed more than one prior lawsuit, list the additional lawsuit(s) on a parate sheet of paper, and provide the same information for the additional posuit(s).)				

#### IV. EXHAUSTION

Are the facts of your lawsuit related to your present confinement?
YesNo
If you checked the box marked "No" in question III.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.
Do the facts of your lawsuit relate to your confinement in a Tennessee state prison?
YesNo
(If you checked the box marked "No," proceed to question IV.G. If you checked the box marked "Yes," proceed to question IV.D.)
Have you presented these facts to the prison authorities through the state grievance procedure? YesNo
If you checked the box marked "Yes" in question III.D above:
1. What steps did you take? Grievance Appeal To Director
2. What was the response of prison authorities? Relief Devied
If you checked the box marked "No" in question IV.D above, explain why not
Do the facts of your lawsuit pertain to your confinement in a detention facility
operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)? YesNo
If "Yes" to the question above, have you presented these facts to the authorities who operate the detention facility?YesNo
If you checked the box marked "Yes" in question III.H above:
1. What steps did you take?

		2.	What was the response of the authorities who run the detention facility?				
	J.	If yo	ou checked the box marked "No" in question IV.H above, explain why not.				
V.	CA	USE (	OF ACTION				
			which of your constitutional rights were violated:				
VI.	STA	ATEN	IENT OF FACTS				
or eve includ	ents le the	occu e nan	ant facts of your case as briefly as possible. Include the dates when the incidents rred, where they occurred, and how each defendant was involved. Be sure to nes of other persons involved and the dates and places of their involvement.  more than one claim, number each claim separately and set forth each claim in a				
separ	ate p	aragi	raph. Attach additional sheets, if necessary. Use 8 $\frac{1}{2}$ inch x 11 inch paper. Write y, and leave a 1-inch margin on all 4 sides.				
	5°€	A.	Hached)				

# POLICY DIRECTIVE FROM BRENTWOOD TENNESSEE

- formal Policy of CORIZON has been established and ratified in brentwood Tennesse by Nelan, Flatt, Walker, Myers, Witty; Orr, Bowers, Does as Formal Policy Makers. Charles L. Ryan has promulgated and Ratified MOCC Policies.
- These Policies as implemented provide for those Acting on behalf of correon and ADOC to ensure they act with deliberate indifference to serious medical needs, devial of medical care, delay in medical treatment
- 3) Both corizon and ADOC Disregard Orders by specialists, if
  they favor immates shop for providers changing them at critical
  stages disrupting the continuity of care issuing orders udverse
  to inmates, saving money for corizon.
- According to CORIZON staff and ADOC employees this policy of

  Deliberate Indifference is conveyed to them by E-Mail and Phone

  calls.

#### ARIZONA CORIZON STAFF

- 5) Porter, Lyon, Martinez, Mung, Burciaga and Doe's are aware that they have the Duty not to delay, deny, defer, medical care for serious medical needs, have done exactly Just that upon the directives of those in above.
  - $\mathsf{Case}\ 3:16\text{-cv-}00238\ \ \mathsf{Document}\ 1\ \ \mathsf{Filed}\ 02/16/16\ \ \mathsf{Page}\ 9\ \mathsf{of}\ 21\ \mathsf{Page}\ \mathsf{ID}\ \#:\ 9$

### My CLAIMS

- I have been diagnosed with Chronic Back Pain, Herniated disc's, Degenerative Disc Desease, Retrolisthesis, 31 Nerve compression, Static Nerve damage.
  - I have so much pain in my left leg and bottox that I cannot walk straight, sit long, sleep, move without unbearable pain.

    The pain goes from right to left, up and down, have atrophy shrunk leg, drop foot, numbress, causing the arthritis in my knees to be worst, back tremmors and ceasures.
- 8) A MRI was done in Feburary 2014 and though I am getting worse, No further pregressive treatment has been done due to corizon's Policy to Deny Medical Care, Delay treatment and act with deliberate indifference.
- get up or move at times, Caused me to fall from sharp pains and back ceasures. My Repeated complaints have been disregarded due to the policies in Paragraph 1 to 4.
- As Retaliation for my requesting that I receive treatment that shall control my pain and be given effective medication until more permanent treatment can be received, Norse Mong, RN Thayer officer Vasquez disciplined me. The D.W. Glen pachecho had me placed in detention for requesting proper housing in accordance with my medical orders. This is a common practice defendants follow to stop inmates requesting they be Case Bristict-00238 economient for Medical Orders requesting they be

act with deliberate indifference to serious medical needs,

- When I complained that the treatment was ineffective I was moved and Inzunza serzed my property. Though Chrif of Security Captain Ritchie allowed me to mail these items to my family co III stacey Colston advised me that the items were destroyed.
- agent of corizon encourages retaliation and coverup.
- 13) Pachecho, Bedoya, Mackenzie, Han, Days, RAMOS, Dossett,
  Headstream, Respicio-Meriarity, and each of them covered up
  the conduct in Paragraph 1 through 12.
- 14) Defendants and each of them have Acted with Deliberate indiffrence to my serious medical needs,

#### INDURY

- 15) I have unbearable pain cannot walk, sit long, stand straight, sleep, move without unberable pain, have been punished for complaining about my condition.
- Defendants failed to excercise the necessary skills, learning, experience expected of prodent health care providers in same or similar circumstances in the local community;

12) as of B:16-cy-2012385 Decument ple chilleds 0/2/16/16/16 Pthose 11 of 28 Palget Dr #: 11 a N of 3 KII/

as those who based on their specialized board certification, learning and experience diagnosed and gave me the meds that managed my condition;

- 18) As a direct and proximate cause of defendants actions in paragraphs
  1 thru 17 breach of contract and negligence, I have been injured and
  continue to soffer unwanted pain and soffering;
- 19) Johnson, Flatt, Nolan, Walker, My, Witty, Bowers, and corizon recieve payment from the Affordable Care Act and tax as well as other Federal Benefits, Fidelity, to provide health care that comparts to constitutional standards,
- To obtain these benefits they have represented through application Returns and Corporate documents that they are providing care that comparts to constitutional standards without retaliation,
- 21) IORIZON was paid to provide me health care for my serious medical needs in this complaint, which I did not receive;
- 22) Corizen and defendants in 1 to 17 made the representations in paragraph 1-21 which they knew were false and had no reasonable basis for beleiving they were true, they did so with the intent to induce the execution of the contracts to provide health care, which contracts became the vehicle to defraud.
- 23) Defendants retained the monies they received on the contracts

  Case 3/16-qv-00238 ng Dacument lat Filed 02/16/16 Page 12 of 21 PageID #: 12

- 24) In every contract or agreement there is an implied premise of good faith and fair dealing. This means defendants are to provide the agreed upon scruice;
- 25) Defendants had a meeting of the minds when they put in place the Correon policies, practices, customs and traditions referred to in this complaint. This scheme provides for denying / delaying medical care to immates so as to save money for correon;
- As a shield, correct uses other physicians, who are not familiar with immates medical needs or records, who are not board certified specialists, to deny medical care for serious medical records, thereby rectaining bonuses. When soed these physicians give cover to correct,
- 27) Each and every defendant's individual acts in this complaint and conspirities were intended to, and did constitute violations of the 8th Amendment;
- 28) Each and Every defendant acted with deliberate indifference to serious medical needs inflicting upon me unwanted pain and soffering
  as I describe;

#### INJURY

- I have unbearable pain cannot walk, sit long, stand straight, sleep, move without umberable pain, have been punished for complaining about my condition,
- Case 3:16 conduct in this Complaint is Deliberate Inhuman or case 3:16 control 23/2 ec. Procument in A Filed 02/16/16 en Page 13/0f 21/2 Page 105#: 180ffering,

causing actual bodily harm as well as intense physical suffering.
This is TORTURE DELIBERATE OR DEGRADING TREATMENT

- I have unbearable pain cannot walk at times, sit long, stand stratight, sleep, move without unbearable pain, have been punished for complation;
- 32) The Conduct in this complaint violate; VIOLATION OF ARTICLES
  2.3 (a) (b); (7); 10.1; ICCPR
- ing of Article 2.3 (a) ICCPR; ARS 31-201.01 Provides No State
  Remedies for these violations;
- 34) The Conduct violate Article 7 ICCPR as it is terture, cruel, Inhoman, degrading treatment and punishment,
- 25) It constitutes treatment in violation of the homanity and with Artistee T for the inherent dignity of the homan PERSON, Provisions of Article 10-1 ICCPR

#### INJURY

36) I have unberable pain cannot walk at times, sit long, stand straight, sleep, move without unberable pain, have been punished for complaining about my condition;

# DECLARATORY RELIEF

The following evidence in the custody of corizon and these in paragraph 1 to 29 show that those in paragraph 2 have established the administrative practice of denying, delaging, deffering treat
Casa 2016-Au00838: a Documental Filed/102/16/16, a Paged 4 of 21-Raged #514 as to

make profit, and this is why I was devied treatment, Karr V Bay, 413 F-50PF 579, 505 (W-D chio 1976)

Pursuand to 20 usc 2201 I request declaratory judgement that
the practice in paragraphs I to 29 is shown in the decision in
exhibits (a) corrected unwritten practices; (b) corrects Policies,
(c) Settlements entered into by correct (d) Bids submitted by correct
including memos, E-mails leading to these bids (e) Contracts not
renewed and cancelled against Correct (f) audits of correct (g) min
utes of meetings of the board of directors and executive committee
of correct (h) fillings by correct with federal agencies (i) Responses
by correct to request for discovery in litigation in federal and
state Courts (j) exit interviews by correct employees see Coleman
V. American Brand COS 106 FRD 201, 207-09 (D.DC1985)

59 I have unberable pain cannot walk at times, sit long, stand straight, sleep, move without unberable pain, have been punished for complaining about my condition;

#### INSUNCTION REQUEST

I am in unbearable pain, have problems getting up or down, I ask that I be ordered seen by a specialist were surgeon and treated.

VII. do for	<b>RELIEF REQUESTED</b> : State exactly what you want you.	the Court to order each defendant to
	Damages of \$1500,000, for a	efendant, Treatment.
	I request a jury trial. YesNo	
VIII.	CERTIFICATION	
	certify under the penalty of perjury that the foregon formation, knowledge and belief.	oing complaint is true to the best of my
	Signature: Wathowy- Eric, Emerson"	Date: <u>02/08/16</u>
	Signature: Walhowy-Evic, Emerson"  Prison Id. No. 087906  Address (Include the city, state and zip code.):  TUCSON - N2 85734	P.O. BOX 24401
	Signature:	Date:
	Prison Id. No	
ALL P	LAINTIFFS MUST SIGN AND DATE THE COMP	<b>LAINT</b> , and provide the information
reques	sted above. If there are more than two plaintiffs, ignatures, dates, prison identification numbers, and	attach a separate sheet of paper with
ALL PL	AINTIFFS MUST COMPLETE, SIGN, AND DATE SEP	ARATE APPLICATIONS TO PROCEED IN
DISTRI	ICT COURT WITHOUT PREPAYING FEES OR COSTS,	it not paying the civil filing ree.

SUBMIT THE COMPLAINT AND (1) THE REQUIRED FILING FEE OR (2) COMPLETED APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES AND COSTS TOGETHER. Complaints received without the required filing fee or application to proceed without prepayment of fees will be returned. Filing fees and applications to proceed without prepayment of fees submitted without a complaint will be returned.

#### **Physical Therapy** Initial Examination

Patient Name: Emerson, Anthony Date of Birth: 09 /25/19 70 **Document Date: 08/18/2014** 

Assessment/Diagnosis: Left lumbar radiculopathy. MRI report shows mild retolisthesis of L5-S1, L5-S1 left paracentral disc extrusion with displacement of the S1 nerve root, L1-2 3mm left paracentral disc extrusion with abutment of the L2 nerve root. Pt c/o of left lumbar pain, left posterior leg pain, intermittent numbness/tingling in the foot and calf weakness. Clinical signs and symptoms correlate well with MRI findings. Patient should be referred to a neurosurgeon as two nerve roots are at risk of permanent damage. Patient will benefit from physical therapy for traction, gait training and symptom management to promote best function. He also needs the quad cane replaced with a single point cane to be used in the right hand.

Patient Education: Self traction methods with chair or table.

Rehab Potential: Fair (Two disc extrusions that threaten the nerve roots.)

Contraindications to Therapy: None

#### **Patient Problems:**

- Improper gait with quad cane
- Antalgic gait without device
- Lumbar pain 5/10 today, 10/10 at worst
- Mm spasms of left lumbar spine and left lea
- Frequent episodes of numbness/tingling/pain in left leg
- Difficulty sleeping
- Difficulty dressing
- Difficulty walking

#### **Short Term Goals:**

- 1: (2 Weeks) 10% I Change to spc ambulate safely with spc.
- 2: (4 Weeks) 10% | Minimize antalgic gait without AD
- 3: (4 Weeks) 10% | Decrease worst lumbar pain from 10 to 8/10
- 4: (2 Weeks) 10% I Update HEP

#### Long Term Goals:

- 1: (8 Weeks) 10% | Decrease average lumbar pain of 5 to 3/10
- 2: (8 Weeks) 10% I Decrease episodes of mm spasms in the left LE to3 x week
- 3: (8 Weeks) | 0% | Decrease episodes of numbness/tingling/pain in left LE to 3 x week
- 4: (8 Weeks) 10% | Sleeping 4-6 hours without symptoms
- 5: (8 Weeks) 10% | Dressing with minimal pain

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6: (8 Weeks) 10% I Walking with spc and minimal pain for community distances.

#### Plan

Frequency: 3 times a week

Duration: 8 weeks

Plan: Begin Plan as Outlined Treatment to be provided:

**Procedures** 

# Physical Therapy Examination

Patient Name: Emerson, Anthony Date of Birth: 09 /25/19 70 **Document Date:** 08/18/2014

Therapeutic Exercises, Therapeutic Activity (Bed Mobility, ADL Specific), G ait Taining (1 Point Cane, Even Surfaces, Uneven Surfaces, Stairs, Curbs), Neuromuscular Rehabilitation, Manual Therapy, Splinting/Taping, Patient Education

#### Modalities

To Improve (Pain Relief, Decrease Inflammation, Increase Blood Flow, Improve Tissue Healing), Electrical Stimulation, Ultrasound/Phonophoresis, Cryotherapy, Hot Packs, Mechanical Traction (Lumbar, Start with half body weight.)

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this Please sign and return: Fax#: (520)514-2144 plan of care, please contact me at (520)514-1114.

angle frame

Angela L Jennings License #6177

Completed by Angela L Jennings on August 18, 2014 at 9:43 pm

I certify the need for these services furnished under this plan of treatment and while under my care.

I have no revisions to the plan of care. Revise the plan of care as follows\_\_\_

Physician Signature\_

L. Burciagia, MD

4014

Date:\_

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#### Physical Therapy Initial Examination



Patient Name: Emerson, Anthony Date of Birth: 09 /25/19 70

Date of Initial Examination: 08/18/2014

Injury/Onset/Change of Status Date: 04/18/2013 New Injury,

no previous back problems

Referring Physician(s): Burciagia, Lucy MD / Fisher, Penny \*Diagnosis: ICD9:722.10: Displacement of Lumbar

intervertebral disc without myelopathy, 781.2: Abnormality of

Treatment Diagnosis: ICD9: 722.10: Displacement of Lumbar intervertebral disc without myelopathy, 781.2: Abnormality of

gait

Visit No.: 1

#### Subjective

Treatment Side: Left

History of Present Condition/Mechanism of Injury: Back pain, sciatic nerve. April 2013. OA both knees, R>L. MRI retroloisthesis L5-1. Left disc disc extrusion L5-1. Displacement of S1 nerve. L1-23 mm left paracentral disc extrusion L2 nerve root. Pt reports he can feel a lump that moves and pushes inside. Injured in an altercation with corrections officers over a year

Primary Concern/Chief Complaint: Pain with stepping on the ground. Using quad cane. Numb/tingling left leg - post thigh and calf. Sometimes can't feel toes. Pain starts in the lumbar and radiates down to calf but not quite to the foot. MM spasms. Pain and spasms can be severe enough to drop him to the ground, unable to recover.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position: Mobility: Walking & Moving Around: Carrying, Moving & Handling Objects:

**Current Functional Limitations:** 

Self Care: Sleep: Disturbed Sleep - SOmetimes when the disc material is displaced; IADLs: Washing dressing

Changing & Maintaining Body Position: Transfers: all transfers can be painful

Mobility: Walking & Moving Around: Use of an Assistive Device: quad cane; Walking: steps and stairs; Negotiate

Obstacles: sometimes slips on uneven terrain

Carrying, Moving & Handling Objects: Recreation: used to lift weights - Doing HEP from previous

Pain Location: Lumbar

Pain Scale: Worst: 10 Best: 3 Current: 5

Pain Description: Sharp

Pain Follow-up Plan: traction manual

Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand

General Health: Good Home Health Care: No

Medical History: Osteoarthritis (Both knees), Previous Therapy (For same injury)

Diagnostic Testing/Imaging: MRI

Mental Status/Cognitive Function Appears Impaired? No

Current Medications: Prescription (see list)

Dbuprofen does not seem to help.

Patient Goals: Decrease pain, improve gait and function.

#### Objective

Inspection Inspection

Ant rotation right illeum, left posterior rotation.

rounded shoulders

forward head

**Iliac Crests** 

Left Elevated

**PSIS** 

Left Elevated

ASIS

Left Elevated

#### Physical Therapy Initial **Examination**

Patient Name: Emerson, Anthony Date of Birth: 09 /25/19 70 Document Date: 08/18/2014

Observation

**Posture** 

Forward Head, Rounded Shoulders

Gait

Antalgic

quad cane in left hand

Assistive Device

Type

Quad Cane

Hand Used

Left

Range of Motion

There were No AROM limitations noted for Hip, Knee, Ankle, Feet.

Strength

No Lower Extremity strength deficits were noted.

Comments

Left gastroc visibly smaller than right. pt reports the same in hamstrings.

Neuro-Vascular

**Myotomes Lower** 

L1, 2 lliopsoas L3 Quadriceps L4 Anterior Tibialis L5 EHL S1 Gastroc S2 Hamstrings

Normal Normal Normal Normal Normal Normal

Right

Normal Normal Normal Normal

Left

Fair Fair Mild decrease in left LE strength in gastrocs and hamstrings.

**Dermatomes Lower** 

L1, 2 Mid Anterior Thigh L3 Distal Inner Thigh L4 Anterior Tibialis L5 EHL

S1 Lateral Foot S2 Mid Gastoc/Hamstring 

Lasegue's SLR comments:

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Right Normal Normal

Normal Normal Normal Normal Left Normal Normal

Normal Normal Normal Normal

Toes and bottom of foot go numb when disc presses on nerve. Pt reports normal sensation at this time.

Right

Negative

Left Positive

Left 45 degrees

Palpation

Laseque's SLR

Comments

TTP asis, psis, illiac crests.

Assessment

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INMATE MAIL: ARIZONA DEPARTMENT OF CORRECTIONS Inmate ANTHONY Eric: EMENSON ADCH 687908

ADCH 687908

Arizona State Prison Complex 700500

Unit 10407 ANT TO SON ANTHONY

OTHER TO SON ANTHONY

City 705550

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